

Case Number:	CM15-0064132		
Date Assigned:	04/10/2015	Date of Injury:	08/28/2012
Decision Date:	05/08/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/03/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 34 year old female, who sustained an industrial injury on August 28, 2012. She reported right upper extremity and neck injuries. The injured worker was diagnosed as having degeneration of cervical intervertebral disc, brachial radiculitis, cervicgia, carpal tunnel syndrome, spasm of muscle, sprain of neck, and other disorder of muscle, ligament, and fascia. Treatment to date has included physical therapy, chiropractic therapy, home exercise program, work modifications, and medications including topical opioid, non-steroidal anti-inflammatory, proton pump inhibitor, topical non-steroidal anti-inflammatory, anti-anxiety, and muscle relaxant. On March 18, 2015, the treating physician notes the injured worker has had increasing neck pain since the date on injury. The injured worker has constant neck pain can increased to a sharp pain. In addition, she has a tingling sensation radiating into the right arm. Moving her right hand, opening cans, and door knobs are exacerbating factors. Heating pads and medications help her pain significantly and allow her to increase her activities of daily living. The physical exam revealed limited cervical range of motion, significant spasming and twitching of the trapezius and levator scapulae with deep palpation, facet-loading pain with extension, facet tenderness, radicular pain into the arm with ipsilateral rotation with flexion, mildly decreased motor function of the bilateral upper extremities, and intact sensation in the bilateral upper extremities. The treating physician notes she has chronic neck pain due to degenerative disc disease, radicular symptoms into the right shoulder and arm, and myofascial pain throughout her neck and right shoulder. The treatment plan includes continuing the current topical opioid, non-steroidal anti-

inflammatory, proton pump inhibitor, topical non-steroidal anti-inflammatory, and muscle relaxant.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Fexmid 7.5 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42 and page 64.

Decision rationale: Fexmid 7.5 mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week recommended time frame as the request suggests. The request for Fexmid 7.5mg #90 is not medically necessary.

Flurbiprofen 20% cream 1-2 g x daily #300 g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Flurbiprofen 20% cream 1-2 g x daily #300 g is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. This cream is not meant for long-term use. Furthermore, the documentation states this was for the patient's cervical spine and the MTUS states that there is little evidence for topical NSAIDs for the spine. Furthermore, the documentation does not indicate intolerance to oral medications. The request for Flurbiprofen cream is not medically necessary.